SSI Milwaukee County Scope of Services and Network Adequacy Workgroup
September 20, 2004 Meeting Summary
Co-Chairs: Sean Gartley & Mary Laughlin

Organizations Represented:	**Representatives:**
16th Street Community Health Center	Paul West
Consumer	Catherine Kunze
Bureau of Managed Health Care Programs	Cindy Booth
Bureau of Managed Health Care Programs	Jodie Mender
Department of Health and Family Services	Jim Hennen
iCare	Pat Jerominski
Evercare, United Health Group	Laura Esslinger
Managed Health Services	Julie Litza
Managed Health Services	Sandi Tunis
Managed Health Services	Jennifer Winter
Milwaukee County Behavioral Health	John Pretsby
Society's Assets	Bruce Nelson
South East Dental Associates	Deanna Janssen

1. Sean Gartley, Co-Chair of the Workgroup, called the meeting to order at 10:00 a.m. After introductions, Mr. Gartley outlined the agenda for the meeting, noting that the discussion of county services issues scheduled for the beginning of the meeting would be moved to the end of the agenda.

2. Mr. Gartley introduced the primary topic for the meeting, an outline of the HMO certification process and discussion of the SSI HMO certification draft document.

3. Mary Laughlin, Co-Chair of the Workgroup, noted that workgroups were instructed to use existing materials as a basis for discussion, whether those documents are used for the Medicaid HMO population or other related programs. A draft SSI MCO Certification document, based largely on the certification document used for HMOs applying to serve the family Medicaid population, was distributed to the group at the past meeting as well as by email before the September 20th meeting. Ms. Laughlin introduced Jodie Mender, Contract Specialist for the Bureau of Managed Health Care Programs, who is responsible for the current family Medicaid HMO certification process.

4. Ms. Mender noted that the certification process has two parts: first, a comprehensive desk review of materials submitted by the applicant, which includes a review of their provider network, number and types of specialists, applicant sub-contracts and memorandums of understanding with other organizations, quality assurance standards, data processing capability, and other materials related to their ability to effectively serve the target population; second, an on-site review, which includes interviews with staff and analysis of whether the application submitted is reflective of the organization's capacity to meet the needs of its members. In addition to the desk and on-site reviews, there are additional reviews and safeguards in place to evaluate the effectiveness of a contracting HMO over time.

5. A Workgroup member asked whether an HMO had ever been decertified. Ms Mender replied that HMOs have been decertified, often because they lost providers in their service area. HMOs can be decertified in particular geographic areas if access to providers cannot be ensured. The Workgroup member asked what happens to enrollees in a decertified area. Ms. Mender noted that, depending on the specifics of the situation, an enrollee could be given the opportunity to switch to another HMO in the service area or receive Medicaid services on a fee-for-service basis. A Workgroup member asked if enrollees may see providers who are out of the HMO provider network. Ms. Mender stated that HMOs may refer an enrollee to an out-of-network provider when one is not available within the HMO network. The HMO must authorize services provided by out-of-network providers. Enrollment specialists, HMO Advocates and Ombuds are available to work with enrollees about provider concerns as well as other issues where they require guidance.

6. There was a discussion about how consumers could be part of the monitoring process for HMOs. It was proposed that language in the certification document and/or contract require HMOs to involve enrollees or enrollee guardians in monitoring of the program and to provide immediate feedback. Staff also mentioned that the Early Warning Program being discussed in the Quality Workgroup would provide an additional avenue for plans and the State to get timely feedback.

7. The grievance process was discussed. Members of the Workgroup were concerned that the grievance process can be intimidating and difficult to navigate for enrollees. Mary Laughlin noted that these concerns are important and are beingaddressed by the Consumer and Enrollment Workgroup.

8. A Workgroup member asked about access to non-traditional providers within the HMO network. Ms. Laughlin stated that all providers within an HMO network must be Medicaid certified. Pat Jerominski from iCare stated that HMOs may offer access to non-traditional providers depending on the individual case. HMOs sometimes pay for services that are not Medicaid-covered services when it is in the best interest of the enrollee. She noted that Medicaid fee-for-service does not, under any circumstances, pay for non-Medicaid services.

9. The Workgroup revisited the inclusion or exclusion of individuals receiving county Medicaid reimbursable health services into SSI Managed Care in Milwaukee County, which was discussed at the first Workgroup meeting on September 8th. The Committee concentrated on the inclusion or exclusion of CSP recipients into managed care. The Workgroup recommendation is attached.

10. The Workgroup adjourned at 12:15 p.m.

Respectfully submitted,

Sean Gartley
Co-Chair